

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006160

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

3022

Registrar's No.

20

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		c. CITY OR TOWN Coffey	
Length of stay in 1b 4 Hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reid Hospital		d. STREET ADDRESS (If outside, give location) ---	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Fannie Middle Myrtle Last Mullenax		4. DATE OF DEATH Month February Day 24 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-1881
9. AGE (last birthday) 82		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Harrison Co., Missouri USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John D. House		13b. MOTHER'S MAIDEN NAME Sallie Butcher	
14. NAME OF HUSBAND OR WIFE Henry H. Mullenax		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give war or dates of)	
NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Henry H. Mullenax, Coffey, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Hypertension, arterial Sclerosis		4 yrs	
DUE TO (c) Cardiac enlargement		2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis & heart		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Coffey Missouri		COUNTY STATE	
21. I attended the deceased from June 1955 to Feb 4/63 and last saw him alive on Feb 24-63 Death occurred at 11:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H. Bailey MD	
22b. ADDRESS Gallatin Mo		22c. DATE SIGNED 2-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-26-1963	
23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery		23d. LOCATION (City, town, or county) Coffey Missouri	
24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-1963	
26. REGISTRAR'S SIGNATURE Gella Masey			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10411

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

A. C. Dickerson

Licensed Embalmer No.

3302

P. O. Address

Galveston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.